



**THE COMMONWEALTH OF MASSACHUSETTS**  
DIVISION OF OCCUPATIONAL SAFETY, EMPLOYMENT AGENCY PROGRAM  
399 WASHINGTON STREET, 5<sup>TH</sup> FLOOR, BOSTON, MA 02108  
TELEPHONE: (617) 727-3696 • FAX: (617) 727-0726 • [WWW.MASS.GOV/DOS/](http://WWW.MASS.GOV/DOS/)

**RENEWAL APPLICATION FOR REGISTRATION AS A SERVICE AGENCY: FORM 2005-4**

**SECTION I**

Current Registration Number: \_\_\_\_\_ Registration Expiration Date: \_\_\_\_\_

Agency name: \_\_\_\_\_ ☐ Main office ☐ Branch office

Parent or affiliate company name (if applicable): \_\_\_\_\_

Agency street address: \_\_\_\_\_

Building/suite: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Website address: \_\_\_\_\_

E Mail address: \_\_\_\_\_

Agency mailing address (if different): \_\_\_\_\_

**SECTION II**

**THIS AGENCY IS A:** \_\_\_\_\_  
(check sole proprietorship, partnership, corporation, LLC, or LLP  
and provide relevant information)

☐ **SOLE PROPRIETORSHIP** Owner's name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Former Business/ Occupation: \_\_\_\_\_

Has any of this information changed since your last registration was issued? ☐ **YES** ☐ **NO**

**If YES**, you must submit a copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency is located.

**If NO**, by signing this application, you are certifying that your agency is in compliance with all local laws pertaining to required business filings.

☐ **PARTNERSHIP**

Partner's name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ **OR** Federal ID Number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Former Business or Occupation: \_\_\_\_\_

Partner's name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Not needed if a Federal ID # has been provided above)

Home Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Former Business or Occupation: \_\_\_\_\_

Has any of this information changed since your last registration was issued? ☐ **YES** ☐ **NO**

**If YES**, you must submit a copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency is located.

**If NO**, by signing this application, you are certifying that your agency is in compliance with all state and local laws pertaining to required annual business filings.

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☐ **CORPORATION**    ☐ **LLC**    ☐ **LLP**    Federal ID Number: \_\_\_\_\_

President's name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Former Business or Occupation: \_\_\_\_\_

Treasurer's name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Former Business or Occupation: \_\_\_\_\_

Has any of this information changed since your last license was issued? ☐ **YES** ☐ **NO**

**If YES**, you must submit a Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office (One Ashburton Place, Boston, MA 02108; Tel: (617) 727-7030, Toll Free: 1-800-392-6090)

**If NO**, by signing this application, you are certifying that your agency is in compliance with all state laws pertaining to required annual business filings.

**SECTION III**

LIST ALL PLACEMENT OCCUPATIONS:

_____	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time
_____	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time
_____	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time
_____	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time

Does the agency provide/place domestic workers? ☐ YES ☐ NO

Are any agency fees paid either directly or indirectly by the worker(s)? ☐ YES ☐ NO

Does the agency directly employ individuals it places, that is, pay their wages, direct their work, cover them for workers' compensation, unemployment, etc.? ☐ YES ☐ NO

If yes, are all of these employees placed by the agency placed SOLELY in part-time or temporary (less than 10 weeks) positions? ☐ YES ☐ NO

Does the agency SOLELY provide employers or prospective employers, by electronic means, biographical information, background and experience of applicants for temporary help or engagement? ☐ YES ☐ NO

**SECTION IV**

Signature(s) of person(s) submitting this application }  
If agency is a sole proprietorship, the owner must sign  
If agency is a partnership, all partners must sign  
If agency is a corp., LLC or LLP, the President and Treasurer must sign

I DECLARE THE ABOVE FACTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND ALL FACTS PREVIOUSLY REPORTED ON THE ORIGINAL REGISTRATION APPLICATION HAVE NOT CHANGED UNLESS SPECIFICALLY INDICATED ON THIS FORM OR UNLESS DOS WAS NOTIFIED PREVIOUSLY OF CHANGES. I UNDERSTAND THAT ANY FALSE ANSWER(S) WILL BE CONSIDERED JUST CAUSE FOR DENIAL OR REVOCATION OF AN EMPLOYMENT AGENCY APPLICATION OR REGISTRATION. SIGNED UNDER THE PAINS AND PENALITIES OF PERJURY.

SIGNATURE

PRINT NAME

ADDRESS

DATE

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**List of required application supplements follows.**

**An application is not complete without the following documentation:**

## **SECTION V**

The following documentation **must** be submitted with a completed renewal application for registration as a service agency, depending on whether the agency is a sole proprietorship, partnership, or corporation. Incomplete applications will be returned to the applicant.

<b>SOLE PROPRIETORSHIP</b>	<b>PARTNERSHIP</b>	<b>CORPORATION / LLC / LLP</b>
<input type="checkbox"/> A check or money order payable to “The Commonwealth of Massachusetts” for the required \$300 annual fee for a main office, and/or \$180 annual fee for each branch office.	<input type="checkbox"/> A check or money order payable to “The Commonwealth of Massachusetts” for the required \$300 annual fee for a main office, and/or \$180 annual fee for each branch office.	<input type="checkbox"/> A check or money order payable to “The Commonwealth of Massachusetts” for the required \$300 annual fee for a main office, and/or \$180 annual fee for each branch office.
<input type="checkbox"/> A notarized affidavit attesting to compliance with all state tax laws. <b>Form provided page 5.</b>	<input type="checkbox"/> A notarized affidavit attesting to compliance with all state tax laws. <b>Form provided page 5.</b>	<input type="checkbox"/> A notarized affidavit attesting to compliance with all state tax laws. <b>Form provided page 5.</b>
<input type="checkbox"/> A copy of the Policy Coverage Page (Certificate of Insurance) from a valid Worker’s compensation Policy, reflecting the address of the agency office. If the Sole Proprietorship has no employees, provide a <u>notarized</u> letter written by the owner stating that the agency has no employees.	<input type="checkbox"/> A copy of the Policy Coverage Page (Certificate of Insurance) from a valid Worker’s compensation Policy, reflecting the address of the agency office.	<input type="checkbox"/> A copy of the Policy Coverage Page (Certificate of Insurance) from a valid Worker’s compensation Policy, reflecting the address of the agency office.

### **MAIL COMPLETED REGISTRATION APPLICATION TO:**

**Division of Occupational Safety, Employment Agency Program  
399 Washington Street, 5<sup>th</sup> Floor, Boston, MA 02108**



**The Commonwealth of Massachusetts**  
**DIVISION OF OCCUPATIONAL SAFETY**  
**Employment Agency Program**

**REGISTERED SERVICE AGENCY**  
**AFFIDAVIT CERTIFYING**  
**COMPLIANCE RELATING TO PAYMENT OF STATE TAXES**

- Instructions:
- ☐ If agency is a sole proprietorship, the owner must attest
  - ☐ If agency is a partnership, all partners must attest
  - ☐ If agency is a corporation, the President or Treasurer must attest
  - ☐ *This form must be notarized before submitting*

I, \_\_\_\_\_, \_\_\_\_\_,  
PRINT NAME PRINT TITLE

I, \_\_\_\_\_, \_\_\_\_\_,  
PRINT NAME PRINT TITLE

I, \_\_\_\_\_, \_\_\_\_\_,  
PRINT NAME PRINT TITLE

of \_\_\_\_\_,  
AGENCY NAME

\_\_\_\_\_  
AGENCY ADDRESS

do hereby certify that my agency has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signed under the pains and penalties of perjury,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SIGNATURES:**

\_\_\_\_\_  
SIGNATURE TITLE

\_\_\_\_\_  
SIGNATURE TITLE

\_\_\_\_\_  
SIGNATURE TITLE

**NOTARY PUBLIC:** Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Affix stamp or seal:*